

OFFICE OF THE CIRCUIT EXECUTIVE  
UNITED STATES COURT OF APPEALS  
FOR THE SIXTH CIRCUIT  
503 POTTER STEWART UNITED STATES COURTHOUSE

CLARENCE MADDUX  
CIRCUIT EXECUTIVE

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**Request for Quotations (Products)**  
**Open Market**  
**Lowest Price, Technically Acceptable**

***Request for Quotation for a Backup SAN Solution***

RFQ Number: 14-0919-01

Request Date: 9/19/2014

**Special Notes:**

This is a request for **Open Market Pricing**.

All items should be quoted **F.o.b. Destination**

Quotes may be e-mailed to the below listed address by **4:30PM EDT on September 24, 2014**. Hand-carried quotes must be delivered by the same time at 100 East 5<sup>th</sup> Street, Suite 715, Cincinnati, OH 45202 to *Attention: Kelly Mocahbee*. **Submit a quotation by using the attached quote sheet.**

**A fixed price award from this RFQ will be made based on the lowest priced, technically acceptable offer. Delivery is desired within 90 days after receipt of order (ARO).**

Quotes and questions concerning this RFQ should be addressed to Kelly Mocahbee at the U.S. Court of Appeals for the Sixth Circuit, 513-564-7240 and [Kelly\\_Mocahbee@ca6.uscourts.gov](mailto:Kelly_Mocahbee@ca6.uscourts.gov).

The **Delivery Address** for this purchase will be: 100 East 5<sup>th</sup> Street, Suite 715, Cincinnati, OH 45202.

Sincerely,

Kelly Mocahbee

Attachment

Quote Sheet for RFQ Number: 14-0919-01

Item No.	Description	Quantity	Unit	Unit Price	Extended Price
1	EX-23TB-DB Disk Capacity: Raw: 23 TB, Useable: 20 TB. 10 TB Full Backup or approved equal	1	<i>Each</i>		
2	EX-10000-1YRMS-S Exagrid 1-year maint. for Disk Capacity: Raw: 23 TB, Useable: 20 TB. 10 TB Full Backup or approved equal	1	Each		
3	EX-16TB-DB Disk Capacity: Raw:16 TB, Useable: 13.0 TB. 6.5 TB Full Backup or approved equal	1	Each		
4	EX-7000-1YRMS-S Exagrid 1-year maint for Disk Capacity: Raw: 16 TB, Useable: 13.0 TB. 6.5 TB Full Backup or approved equal	1	Each		
				<b>TOTAL</b>	

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Vendor's Phone Number/fax number/e-mail address

\_\_\_\_\_  
Vendor's Street Address

\_\_\_\_\_  
Vendor's City, State, and Zip Code

\_\_\_\_\_  
Signature of Person Authorized to Sign Quote

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed or Typed Name of Signator

\_\_\_\_\_  
DUNS Number

\_\_\_\_\_  
Discount Terms or Net 30?

\_\_\_\_\_  
Delivery Date (if other than stated ARO period)

\_\_\_\_\_  
Quantity Discount or Trade-in amount *(delete if not applicable)*